

SECRET

## REQUEST FOR OFFICIAL COVER ACTION

WHEN REQUESTING INITIAL COVER OR ON RETURN FROM OVERSEAS ROUTING SHOULD BE: (COMPLETE SECTION 1)		2. WHEN CHANGE OR REMOVAL IS RE- QUESTED ROUTING SHOULD BE: (COMPLETE SECTION 2)		DATE 30 May 73
TO : CCS/OFFICIAL COVER (Use Form 610 Routing & Record Sheet)		TO : CCS/OFFICIAL COVER (Use Form 610 Routing & Record Sheet)		FILE NO. 2500
FROM: C/WH/Security		FROM:		EXTENSION OF EMPLOYEE
HRU: CI/SI OS/OSD				
SUBJECT'S TRUE NAME (Last, first, middle) PHILLIPS, David A.				EMPLOYEE NUMBER
S E C T I O N 1	<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER FOR SUBJECT IS REQUESTED.			
	COVER REQUESTED	MILITARY	<input checked="" type="checkbox"/> STATE	OTHER GOVT. AGENCY (specify)
	USE OF COVER	DOMESTIC ALL PURPOSE	DOMESTIC OPERATIONAL	<input checked="" type="checkbox"/> INTEGRATED <input type="checkbox"/> NOMINAL
	SUBJECT'S CIA AFFILIATION <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN VOLUNTARILY DECLARED OR INVOLUNTARILY EXPOSED TO ANY FOREIGN GOVERNMENT OR FOREIGN INTELLIGENCE SERVICE. THERE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ANY OTHER EXPOSURE OR COMPROMISE WHICH SHOULD BE CONSIDERED IN THIS REQUEST. (If an affirmative answer is given, provide details on separate attachment.)			
	JUSTIFICATION FOR REQUESTED ACTION:  Reference: CCS/OCB Memo dtd 24 May 73, same Subject:  Mr Phillips will be assigned Chief/WND upon his return to HQ. It is requested that he be retained under his State Department Cover.			
S E C T I O N 2	<input type="checkbox"/> CHANGE OR REMOVAL OF OFFICIAL COVER STATUS FOR SUBJECT IS REQUESTED.			
	JUSTIFICATION FOR REQUESTED ACTION: <i>CI Comment: Subject is listed in White Paper on CIA &amp; CIA from A-2. He has been identified as CIA in a Cuban Radio broadcast, date not indicated. He is probably known or suspected as CIA by services of Israel.</i>			
SIGNATURE AND TITLE OF REQUESTING OFFICER Robert D. Wiecha C/WH/FI				DATE: 30 May 73
FOR OFFICE OF SECURITY AND CI STAFF				
DO YOUR RECORDS REFLECT ANY EXPOSURE, COMPROMISE, SECURITY OR CI FACTORS WHICH SHOULD BE CONSIDERED IN MAKING A COVER DETERMINATION IN RESPONSE TO THE ABOVE REQUEST? (If the answer is affirmative, provide details on separate attachment.)				
OFFICE OF SECURITY	NO PERTINENT INFORMATION	<input checked="" type="checkbox"/> SEE ATTACHED	SIGNATURE <i>RDB</i>	DATE 6/6/73
CI STAFF	NO PERTINENT INFORMATION	<input checked="" type="checkbox"/> SEE ATTACHED	SIGNATURE <i>W. K. NEW</i>	DATE 5/31/73
C128- APPROVAB				
CENTRAL COVER STAFF	SIGNATURE			DATE

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